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TEACHERS' PROBLEMS WITH EXCEPTIONAL CHILDREN

V

Crippled Children

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By

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EDUCATION OF EXCEPTIONAL CHILDREN

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1. EDUCATION OF EXCEPTIONAL CHILDREN
   Bulletin, 1933, No. 2. Biennial Survey of Education in the United States, 1931–32, chapter VI. 10¢.
   Bulletin, 1931, No. 20. Biennial Survey of Education in the United States, 1928–30, vol. I, chapter XI. 10¢.

2. TEACHERS' PROBLEMS WITH EXCEPTIONAL CHILDREN
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TEACHERS' PROBLEMS WITH EXCEPTIONAL CHILDREN

V. Crippled Children[1]

INTRODUCTION

"Education of all the children of all the people." The principle expressed in these words is so familiar to every teacher of the modern school that the phrase has become proverbial. In teachers' preparatory courses, in conferences of State teachers associations, in educational publications, on every educational platform one hears and reads repeatedly of the educational birthright of every child, of the responsibility of the school to make of pupil activities an experience in living which is within the child's power of realization and appreciation and which will at the same time help to prepare him for a contributing adult citizenship.

If this is the task of education, then the teacher comes face to face with the problem of adjustment. He must meet the challenge of the unending array of individual differences and individual needs which the pupils in his class present. His is the responsibility of adjusting his attitude and his methods, of adjusting the curriculum and materials to the capacities and the interests of the boys and girls who come daily under his instruction. We have attempted in our general educational scheme to group into one classroom or grade some 30 or 40 or more children who have reached approximately the same degree of academic achievement. Yet every teacher knows that among those 30 or 40 children there are some who would forge far ahead of accepted standards if given the opportunity to do so, and that there are others who lag far behind even in spite of every oppor-

[1] This is the fifth of a series of pamphlets dealing with teachers' problems with exceptional children. See back of title page for others in the series, as well as for a complete list of publications of the Office of Education on the education of exceptional children.

tunity to work along with their fellows. There are some who are suffering from physical handicaps and others who show signs of serious emotional difficulty. To each of these the school owes an equal responsibility for that training which will serve best the individual's own needs and which will make of him a citizen who will be able and willing to serve his community according to his talents.

In many city school systems attempts have been made to provide for these individual needs of our boys and girls through various systems of classification, of special schools and classes, and of clinical service. In some there are well-organized departments of special education with excellent supervisory facilities and trained teachers. These are pointing the way toward the means of giving adequate attention to those pupils who deviate seriously from normal in physical, mental, or social equipment. To many who are teaching in such cities this series of pamphlets will not offer much that is new. It is more specifically designed, first, for those teachers who are working in rural or small urban districts where no special classes exist and who must provide for exceptional children as members of their own groups of supposedly normal pupils; and, second, for teachers of special classes who are handicapped by the absence of constructive supervision and perhaps even by their own lack of adequate preparation for this specialized type of education.

What, then, is the teacher's responsibility, if he belongs to either of these two groups? He cannot avoid the issue or run away from his problem, for there it is facing him day after day as he enters the classroom. If he is to meet it with any measure of success, then he has a fivefold program ahead of him.

First, he must know what the problem is.—Who are "exceptional" children? What types of deviations from normal demand special consideration? What constitutes a *serious* deviation? In answering these questions it is well to point to the classification which has been adopted by committees of the White House Conference. Eight major groups of "exceptional" children are recognized, as follows: (1) The crippled; (2) the deaf and the hard of hearing; (3) the blind and the partially seeing; (4) the speech de-

fective; (5) children of lowered vitality, suffering from anæmic, pretuberculous, or cardiac difficulties; (6) the mentally retarded; (7) the mentally gifted; (8) children presenting serious behavior problems.

The first 5 of these groups belong to the general classification of *physically* handicapped children, the next 2 constitute those who are *mentally* different, and the last group may be considered as *socially* maladjusted. The physical, mental, and social realms are thus all represented among our "exceptional" children. The particular needs of the various groups are, of course, quite different, but each child in any one of these groups offers a serious challenge to the teacher to seek out that which will mean the most for him individually in his educational development.

The second task before the teacher is to recognize the problem which exists in his own classroom.—The mere knowledge that there are exceptional children in the world will not help him unless he can find out for how many he himself is responsible. The teacher who has been assigned to a special class made up wholly of exceptional children is spared this difficulty, for presumably an accurate diagnosis has already been made of each case. But the teacher who must care for normal and exceptional pupils alike in one room has a real problem on his hands. He must know the symptoms of extreme deviation and he must learn to recognize those symptoms in the children before him. Perhaps he will find that one child cannot see the writing on the blackboard, that another is so hard of hearing that he has to be given a front seat and even there he does not always hear what the teacher says; that a third has been failing in his school work year after year; that a fourth is intellectually so keen that it is hard to keep him busy. It is not uncommon to find a group of four—or even more—such children in the same class, each exceptional in his own way and each presenting different needs. Some of them force themselves upon the teacher's attention; others need to be discovered.

Third, the ability to recognize extreme deviations comes only through careful observation and study of the individual child.—Every child is different from every other child and presents the need for sympathetic, conscientious, intelligent scrutiny. Sometimes this very scrutiny will reveal differ-

ences that the teacher had never dreamed of before and will show how very exceptional in one way or another the child really is. Whether in the regular classroom or in a special class the need for child study is the same; for even though a preliminary diagnosis has already been made resulting in the child's assignment to a special class, yet it remains for the teacher to study his abilities and disabilities, his physical and his mental equipment, his personality, and his environment. The *whole* child becomes truly educated only when the teacher bends every energy to *know* and to *guide the whole child.*

The fourth responsibility of the teacher is to "apply first aid" to the exceptional children whom he has discovered in his room and whose natures and needs he has made the object of study. However inexperienced or untrained he may be in special education, there are some things which every teacher can do in meeting existing demands of physical, mental, or social deviations if he will but give the requisite time and thought to the problem. Particularly in the rural school is the teacher almost always forced to rely upon his own resources in handling the child who is either far below or above normal in intelligence, who needs some special physical attention, or who is causing a serious disturbance through his antisocial conduct. We may be working toward the organization of special classes in communities of all sizes, but while we are waiting for this objective to be realized the special problems still persist and demand the teacher's attention. His daily contact with the child makes him the logical person to give the greatest amount of help at least in an elementary way. It is he who must be prepared to adapt his methods and materials to the peculiar needs and possibilities of each exceptional child. It is he who must know what to do if he finds 1 hard-of-hearing child, 1 child with defective vision, and 1 seriously retarded child in his class. It is he, too, who must be able to meet the parents,[2] to explain the difficulties that prevail, and to secure for the child the attention at home which will supplement the provision which the school is able to make.

[2] For help in dealing with parents, teachers are referred to United States Office of Education Bulletin, 1932, no. 14, Parents' Problems with Exceptional Children.

Fifth, and last, the teacher should know where to seek further aid of a specialized type.—What resources does the community afford in medical or psychological assistance of clinical nature? What agencies exist in the county—in the State—in the Nation—that may be called upon? How can the teacher make contact with these agencies and what may he expect of them? Help that comes from without can bring to the earnest seeker substantial reinforcement. The resources of a whole nation may literally be called upon to help solve the problem of a single child tucked away somewhere in an inconspicuous country school district.

It is to help the teacher carry out this fivefold program in the interests of the exceptional child that this series of publications is being issued. The general nature of the problem has already been stated, with an enumeration of the eight major types of exceptional children with which we are concerned. The remaining steps of the program are considered in successive pamphlets, each of which will deal with a particular type of child. How to recognize extreme deviations, how to study the child, how to meet some of the fundamental problems involved in teaching him, and how to secure specialized aid are all discussed in turn. It is hoped that each teacher may find in these pages some tangible values that will answer his questions and that can be applied to the local situation in which he finds himself.

Many teachers, however, will not rest content with this elementary knowledge of " first-aid " principles. Some of them will be seeking further training for more efficient service. Specialized courses which are now being offered in normal schools, colleges, and universities [3] furnish a real opportunity for enlarging one's understanding of exceptional children and increasing one's skill in dealing with them. Many of these courses are given during summer sessions so that no time need be lost during the school year. Here one may study under competent guidance the nature of subnormality or genius, the psychology of blindness or deafness or speech defect; the mental hygiene of behavior disorders; the mental

[3] See United States Office of Education Bulletin, 1931, no. 21, Opportunities for the Preparation of Teachers of Exceptional Children. This bulletin may be secured at 5 cents per copy from the Superintendent of Documents, Washington, D.C.

background of the child who has a crippled body or other serious physical defect. One may study also the possibilities and the limitations inherent in these conditions, their educational needs, and their methods of treatment. And the goal toward which all such study is directed is that which challenges the teacher every day of his life—the ability to minimize the limitations and to capitalize the capacities of each child for his greatest personal happiness and his greatest service to the community.

PROBLEMS WITH CRIPPLED CHILDREN

The White House Conference report on the number of crippled children in the United States estimates that there are more than 300,000 such children, at least one-third of whom are in need of special educational opportunities. Approximately 15,000 of the children so classified are now receiving special educational care, according to further estimates made in the report, while there are several thousands for whom no educational opportunities are provided.[4]

1. WHAT CAN THE TEACHER DO TO AID IN THE PREVENTION OF CRIPPLED CONDITIONS AMONG CHILDREN?

The most important phase of the work with crippled children is that of prevention. Participation in any program which has as its purpose to mitigate crippled conditions among children will contribute to the prevention of such deformities. Cooperation in public-health movements, safety education, and the teaching of hygiene and sanitation in a way which will develop in every child general health habits should be far-reaching in their effect.

Safety education.—The most important single factor in this movement is education in accident prevention. The status of safety education as reported in 1926 by the National Society for the Study of Education [5] shows that in a large number of schools safety education is taught either incidentally or as a regular school subject in elementary schools and in junior and senior high schools.

Should the State or district not require the teaching of safety education and not furnish teaching outlines, instruction in safety education can still be included in the program. Such instruction need not be given as a separate subject, but may be successfully given in connection with the work in civics, hygiene, and sanitation, or playground activities. There is much available material that may be used as a

[4] White House Conference. Special Education: The Handicapped and the Gifted. New York, London, The Century Co., 1931. p. 32.

[5] Twenty-fifth Yearbook, pt. I, National Society for the Study of Education. Bloomington, Ill., Public School Publishing Co., 1926. 354 p.

guide in presenting such problems as fire prevention, safety on highways, in the home, and on the school grounds. The teacher may carry on the work through classroom instruction and pupil organization, taking into account life situations as they present themselves in the community.

2. WHO IS THE CRIPPLED CHILD?

There is no agreement as to what is meant by the term "crippled child." The following definition is suggested in the report of the White House Conference:[6]

"The crippled child, in the orthopedic sense, is a child that has a defect which causes a deformity or an interference with normal functioning of the bones, muscles, or joints. His condition may be congenital, or it may be due to disease or accident. It may be aggravated by disease, by neglect, or by ignorance." Henry C. Wright, who directed the surveys in the city and State of New York, gives the following definition: "A crippled child is one whose activity is, or due to a progressive disease may become, so far restricted by loss, defect, or deformity of bone or muscle, as to reduce his normal capacity for education or self-support."

In the report of the subcommittee on the crippled, of the Committee on the Physically and Mentally Handicapped, a distinction is made between crippled children who need special education and those who do not:[7]

A crippled child eligible to attend a special school or class for crippled children is one who, by reason of disease, accident, or congenital deformity, cannot attend the regular school with safety and profit during the period of his physical rehabilitation, simultaneous mental training and social adjustment.

A child for whom physicians and surgeons have recommended the daily care of nurses and physiotherapists.

A child who must have transportation service to reach school, specially adjusted furniture, or other facilities.

A child who needs special attention in vocational guidance, training, and placement.

A child handicapped by cardiac complications or other medical conditions for whom no other provision has been made.

A child who requires plastic surgery which must be followed by muscle training or speech training.

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[6] White House Conference. Special Education: The Handicapped and the Gifted. New York, London, The Century Co., 1931. p. 23.

[7] Ibid., p. 86.

3. HOW IS THE CRIPPLED CHILD DISCOVERED?

All crippled children may be effectively enumerated through official agencies operating under the laws of the State. Vital statistics provide that every congenital deformity should be reported. Special surveys conducted by the school system or unofficial agencies provide additional aids in discovering the crippled child. The presence of a crippled child in school will, of course, not escape the attention of the teacher and she will wish to see that everything possible is done to improve his condition. He should be brought to the attention of the school physician.

4. TO WHOM SHOULD CASES BE REPORTED?

The legal facilities and social agencies within the State whose aim it is to aid in the solution of problems dealing with crippled children will determine largely to whom cases should be reported. The age, previous treatment, if any, and the present condition and educational status will determine the steps to be taken. A child who needs medical attention should be reported to the State department of health, State department of education, or to the division of special education in the State department of education. Children 16 years of age or over who cannot profit by additional medical attention and whose education is sufficiently advanced, or whose economic status makes it necessary to become self-supporting should be reported to the State rehabilitation service where advice and aid may be secured.

5. WHAT SPECIAL PROVISIONS ARE DESIRABLE IN THE EDUCATIONAL PROGRAM FOR CRIPPLED CHILDREN?

Transportation, special attendance arrangements, classroom equipment, supervised luncheons, rest, and recreation are usually included in the provision made for crippled children attending special schools and classes. In rural schools and in school systems where no special schools or classes have been established the responsibility for a large part of the physical care of the individual child rests with the school nurse, the principal, or the classroom teacher.

Transportation.—Transportation of crippled children to and from classes is provided in many city school systems. Usually busses call for the children in the morning and return them at the end of the school day. Crippled children in

rural communities who are permitted by the physician to attend school may need special transportation facilities except in consolidated districts in rural areas and in some other districts where transportation is furnished for all children. One-teacher schools may find it necessary to make arrangements to transport one crippled child to school. This may be done by the district school board or by the parents.

Special attendance arrangements.—Seriously crippled children may find it difficult to attend school, especially during very bad weather. Unless otherwise recommended by the physician, under ordinary conditions the child should be encouraged to attend school regularly. Such encouragement will help to develop a feeling of independence and self-reliance desirable in building up attitudes and habits which aid in adjustment to the social situations which for the crippled child are sometimes very difficult. When it seems advantageous for the child to remain at home, or come to school late or for fewer than 5 days a week because of his physical condition, the teacher may adjust the school work and provide individual help if it is desirable that he progress with his grade.

Special equipment.—Equipment for physical rehabilitation in schools and classes for crippled children is generally provided in large school systems. Where classes have not been established, or physical rehabilitation service is not provided within the public-school system, arrangement for such treatment often may be made with a local hospital. In smaller communities a physiotherapist or other competent person acting under the direction of a physician, may give the treatments generally in the homes. A certain amount of special classroom equipment may be necessary for crippled children. Movable desks with adjustable seats afford maximum physical comfort to deformed bodies. Desks adjustable to height, with attachments for the support of books, are necessary in some cases. Footstools add much to the comfort should there be no other means of support for the limb. These can be provided for in any schoolroom.

Rest periods.—In large consolidated districts where distances are great and transportation routes so long as to

necessitate leaving home early and returning late, the seriously crippled will find the days long and tiresome. These children should be provided with comfortable cots in order to enable them to rest some time during the day. Cots should be placed in a sun room if possible or in some room which can be transformed into a rest room properly furnished for the purpose. In rural schools where there probably would not be more than one such child, a resting place can be provided by placing a cot and blanket brought from home, behind a screen. The noon recess will be an appropriate time for rest. The length of the rest period should be determined by the needs of the child. For older children and for those in better physical condition, half an hour is sufficient; for more serious cases a longer time is necessary.

Hot lunches.—Food and diet are important in the physical care of all children, particularly so with those who are undernourished, delicate, or crippled. The purpose of a school lunch, which usually consists of at least one hot dish, is to add more nourishing food to the diet and to improve the children's general physical condition. The hot lunch is not a substitute for the lunch brought from home but adds nourishment and aids in digestion of the cold lunch.

In schools where there is a cafeteria the proper diet can be arranged easily. In small towns and rural schools where there is apt to be little or no equipment other than a stove, a hot dish made with a milk foundation, such as cocoa or cream soup, may be prepared with little and inexpensive equipment. The school lunch not only affords an opportunity to correlate nutrition and health with other subjects but promotes sociability and closer cooperation between teacher and pupils.

Recreation.—The maximum independence is desired for every crippled child. To attain this objective idleness must be replaced with work and recreation, preferably of a kind which will provide contacts with social life. Leisure time should be used as personally preferred, and recreation through participation in social activities should be encouraged as means of developing health, freedom, and confidence. Interest in active membership in clubs and organizations or group activities often help one to forget his diffi-

culty. Clubs such as Girl Scouts [8] and Boy Scouts [9] will send on request the Scout program with a description of the delightful things some of the Scout troops for crippled children have done and are doing. Other activities in which crippled children may participate are found in children's orchestras, choruses, and other clubs, and in literature or drama study groups.

6. TO WHOM SHOULD WE LOOK FOR THE PHYSICAL CARE AND TREATMENT OF THE CRIPPLED CHILD?

The physical care of the crippled child is the direct responsibility of the physician and surgeon. In many communities facilities for adequate treatment are lacking or prohibitive because of cost, yet we must look to the expert for physical treatment, because an error in the judgment or the work of an untrained person may make an operation futile. Crippled children should be placed under the care of a well-trained orthopedic surgeon and have orthopedic work done in carefully selected centers whenever possible.

In city systems where special schools or classes are provided the department of medical inspection usually appoints an orthopedic specialist who prescribes the physical rehabilitation program. In schools where no such program is provided, direction given by the physician in charge or the surgeon in charge of the hospital care of the child should be rigidly followed. In many cases the physiotherapy treatment and follow-up care given the child will have to be provided largely in the home.

7. HOW CAN ORTHOPEDIC TREATMENT IN HOSPITALS BE SECURED?

Orthopedic services are available in hospitals operated by or supported wholly or in part by the State and in those operated and supported by private agencies. They may be provided in general orthopedic hospitals, in orthopedic wards, or in special children's hospitals. While privately operated hospitals require a fee which is beyond the means of many children, nearly all States make some type of provision for orthopedic care at State expense and in a hospital within or without the State. In addition to State-

[8] Girl Scouts, Inc., 670 Lexington Avenue, New York, N.Y.
[9] Boy Scouts of America, 2 Park Avenue, New York, N.Y.

supported hospitalization of the kind indicated, there are many acceptable orthopedic hospitals where crippled children can be placed under the care of well-trained orthopedic surgeons without cost. The Shriners' hospitals are examples of such privately operated and supported hospitals. They are 14 in number, operating either as general orthopedic hospitals or mobile units in a general hospital.[10] Similar services are available from other orthopedic hospitals or children's hospitals providing orthopedic treatment.

8. WHAT STEPS ARE NECESSARY IN MAKING ARRANGEMENTS FOR PLACING A CHILD IN SUCH A HOSPITAL?

General information regarding the requirements for admission should be secured from the hospital.[11] Provisions made will vary for the different hospitals, depending upon the policy of the institution. The requirements for all the Shriners' hospitals are the same. The child must be a cripple who has not reached his fourteenth birthday. He must be a child of parents who cannot afford to pay for such treatment. He must be of average mentality, and he must, upon examination by the chief surgeon, be found to have a condition which can be cured or corrected to such an extent as to render him self-supporting in after life.

The service offered is similar in all. The patient is examined by a staff of child specialists as well as orthopedists. If he needs medical attention before his orthopedic work, that service is rendered while he is in the hospital.

9. HOW SHOULD A LOCAL CLINIC BE CONDUCTED?

An examination by a specialist is essential for all crippled children. If no orthopedic specialist is available crippled children should be taken for a physical examination to a local or traveling clinic or to an orthopedic hospital. County surveys for locating handicapped children made through the cooperative efforts of the teacher, city and county superintendents, local health agencies, and such local agencies as

[10] Chicago, Ill., Decatur, Ga.; Greenville, S.C.; Lexington, Ky.; Philadelphia, Pa.; Portland, Oreg.; Salt Lake City, Utah (mobile unit); Spokane, Wash. (mobile unit); Springfield, Mass.; Shreveport, La.; San Francisco, Calif.; St. Louis, Mo.; Minneapolis-St. Paul, Minn.; Honolulu, Hawaii.

[11] Each year the Journal of the American Medical Association, published at 535 North Dearborn Street, Chicago, devotes a number to hospitals, which gives a presentation of hospital service in the United States.

the Red Cross, Parent-Teacher Associations, or local service clubs, should be followed by the setting up of a local orthopedic clinic. A specialist with salary and travel expenses should conduct the clinic. Often service clubs can be induced to transport the children to the clinic, if the parents are unable to do so. Following this beginning clinic, which may not be adequate because of lack of laboratory facilities, the surgeon may make recommendations for further study when the child is taken to a well-equipped clinic and hospital.

In communities where it seems impossible to arrange such a clinic, or where individual cases do not justify the organization of a clinic, the child may be taken to a hospital where he can have the advantages of careful diagnosis and treatment. Whenever possible even the most isolated cases should have the benefit of diagnosis and treatment.

10. WHAT POINTS SHOULD BE EMPHASIZED IN DISCUSSING THE PROBLEM WITH THE PARENTS?

Occasionally parents of crippled children do not understand the possibilities or the limitations of medical treatment. The teacher can often help in promoting better understanding by explaining that certain deformities are easily and completely corrected, leaving the patient with little or no disability, while others are difficult and results of treatment less satisfactory. It is important that parents as well as the crippled child himself should understand that once a cripple no longer means always a cripple. Teachers can often put parents in touch with sources of information which will help them to act as intelligently as possible for the cure or mitigation of the crippled condition of their child.

11. WHO SHOULD RECEIVE HOME INSTRUCTION AND HOW CAN IT BE PROVIDED?

It is generally accepted that home instruction should be provided only for those pupils who are confined to the home because of physical disability. In cities where special instruction is available, the superintendent or the supervisor usually assumes the responsibility of assigning special teachers for home instruction duties. In communities where home instruction has not been authorized either by the State or

local school authorities, other arrangements should be made to bring instruction to the home-bound child. The district superintendent, county superintendent, State director of special education, or president of the local school board should be asked to provide means and approve arrangements for home instruction. Even in isolated places the regular teacher can often so schedule her time as to furnish a few hours' instruction during the week or on Saturday. The expense incurred in connection with the few cases likely to occur in isolated communities should be provided for by the local school board.

12. WHAT IS THE GENERAL NATURE OF THE COURSE OF STUDY TO BE FOLLOWED?

The regular academic course of study which is required for normal children is generally followed. Crippled children of normal mentality who are physically able to attend school are usually able to advance along with pupils of the regular grade. Progress made by home-bound children, of course, will not be so rapid because of the limited time devoted to study due to the child's physical condition. Certain types of industrial work aid in physical rehabilitation, e.g., paralyzed limbs are aided in regaining their use through weaving, sewing, toy making, and similar activities. Such work should have a place in the day's program, particularly in the elementary school. This training should, however, be adapted to the physical need of the individual pupil.

13. WHAT SPECIAL PROVISION CAN BE MADE FOR THE CRIPPLED CHILD IN THE RURAL SCHOOL?

It is now generally accepted that much can be done to rehabilitate wholly or in large part the vast majority of crippled children. Even in the rural sections where the problem, because of lack of advantages, is much more serious and difficult than in cities, several plans for providing special educational opportunities for such children have been suggested and some of them successfully followed. Children may be transported to a nearby class in a small town; special schools, residential or day schools, as local conditions permit, may be maintained in a district or on a

county-wide basis. In other instances the children may be boarded in a nearby city where classes are maintained and return home for the week-end. Should there be no special district or county center or no nearby class in the city or consolidated school to which the children can be transported, the only educational opportunity available is in the regular grade or rural school in which there is little or no provision for their physical care. However, there is much the teacher can do for their welfare and comfort as well as for the provision of educational opportunities. For example, a specially designed desk can often be secured, if requested, through the local school board or the parents. Rest periods can be provided, individual help given, and the children of the school can be interested in assuming certain responsibilities for offering specific help as well as for finding means by which the crippled child can participate in school activities.

14. HOW CAN THE CRIPPLED CHILD BE PREVENTED FROM BECOMING SOCIALLY MALADJUSTED?

The aim of the special education program for crippled children is to fit the individual to take his place in the social and economic world, and to train him to apply his ability and knowledge to the highest degree of efficiency of which he is capable. One of the most serious handicaps of the cripple comes from the limitation of normal social and cooperative relations resulting from his physical condition. This inability to become a part of the social group is often due to a feeling of isolation which comes from the consciousness of a handicap. Hence, insofar as possible the child should be placed in an environment of group fellowship and of active participation in group experiences. He should not be permitted by means of segregation or by shielding, which delay adjustment into the normal life of the community, to develop a "cripple psychology" and a feeling of being different from other children. He should be given an opportunity and should be encouraged to develop initiative and independence. In order to teach him to cooperate as well as to compete, it is essential to develop within him the self-confidence which will later enable him to mingle and cooperate with his normal associates in a normal community.

SUGGESTIONS FOR READING

A. GENERAL

HECK, ARCH O. Education of crippled children. Washington, Government printing office, 1930. 57 p. (U.S. Office of education, Bulletin, 1930, No. 11.)

A general survey of the types of educational opportunities being provided for crippled children in various city school systems.

LISON, MARGUERITE M. Care and education of crippled children and disabled adults. Madison, Wis., State association for the disabled, 1928. 53 p. (Bulletin no. 1.)

A bulletin showing the needs of crippled, and presenting the laws and facilities existing in Wisconsin relating to the care and education of such children.

LOMMEN, OLGA L. The organization of special classes for crippled children. Albany, N.Y., University of the State of New York, Bulletin 995, May 1932. 24 p.

The material of this bulletin deals with the organization and the facilities necessary for special classes for crippled children. Special methods, home training, daily program, course of study, and physical care of these children are discussed.

THE MICHIGAN SOCIETY FOR CRIPPLED CHILDREN. Education of crippled children in special classes, Detroit, Mich. Bulletin no. 5. 1928. 17 p.

A description of the educational and orthopedic program for crippled children in the State of Michigan.

SMITH, MABEL E. The crippled child. Crippled children's bureau, Division of charities, Department of public welfare, Columbus, Ohio, 1931. 55 p.

Describes the Ohio plan for care, treatment, and education of crippled children in the State of Ohio. Prevention of outstanding types of deformities is emphasized.

B. SAFETY EDUCATION

CHICAGO BOARD OF EDUCATION. Committee appointed by the superintendent of schools. Chicago, 1923. 160 p.

Presents the seasonal hazards for each month, together with suggestions as to methods of instruction. Stories, slogans, jingles, bibliography, and valuable information as to specific hazards and remedies are given.

FOX, FLORENCE C. Safety education. Washington, U.S. Government Printing Office, 1932. (Office of Education, Bulletin, 1932, no. 8.)

HENIG, MAX H. Safety education in the vocational school. The construction of a curriculum for accident prevention. New York, N.Y., National Bureau of Casualty and Surety Underwriters, 1931.

Based on extensive experiments covering a period of 3 years in the Essex County vocational school.

NATIONAL SAFETY COUNCIL. Education section, 1 Park Avenue, New York, N.Y.

General publications: The junior safety council; Safety education in the rural schools; Safety for more and better adventures; Safety education in the church school; The inner movement of the safety movement; Adventurous living; Safety teaching in the modern school.

SAFEGUARDING THE HOME AGAINST FIRE. A fire-prevention manual for the school children of America. The National Board of Fire Underwriters, 85 John Street, New York, N.Y.

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